



ABOVE • Delwyn Garnett of CIT wins a CFC free-throw contest. See story on p. 3.

features

Warmer Welcome in Store for Visitors to Campus	1
Fire Alarm System Gets Upgrade	7
Clinical Center Goes Smoke-Free	10
Customers Like NIH Web Sites	12

departments

Briefs	2
Training	10
Volunteers	11

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The Second Best Thing About Payday

nih record

New Gateway Center to Debut Next Summer

By Sarah Schmelling

Starting next summer, visitors to NIH will receive a new kind of welcome. With the Gateway Center—a 139,440-square-foot project now being built near the Medical Center Metro station—newcomers will find their own designated facility where they can park their cars and receive guest badges, directions, shuttle schedules, campus information and more.



The new Gateway Center will open in summer '07.

The Gateway Center, going up on the south side of the South Dr. entrance to campus from Rockville Pike, will replace the current, temporary method of filtering non-patient entrants through a security screening area housed in trailers near Metro. “What you have right now is a temporary situation and I believe that for people unfamiliar with NIH it could be very confusing,” said Shahriar Saleh, a project officer in the Office of Research Facilities and manager of Gateway Cen-

SEE GATEWAY CENTER, PAGE 6

Practicing ‘Medicine for the Soul’ Lecture Looks at Medicine, Healers Portrayed on Stage

By Carla Garnett

To develop an enviable bedside manner, doctors might consider attending the theater. Historically, some of the most compassionate, effective models of medical care are seen in fiction on stage, according to recent National Library of Medicine lecturer Dr. Angela Belli.

“The human body under stress has been a source of speculation for dramatists since the first plays were presented before an engaged public,” she said, noting that Sophocles, in 409 B.C., offered one of the earliest portrayals of a warm and fuzzy physician in *Philoctetes*. A professor of English at St. John’s University in New York City, Belli discussed “The Art of Medicine on Stage: An Historical Perspective,” at a seminar hosted by NLM’s History of Medicine Division. “In an age when the powers of the human healer were restricted by a paucity of knowledge,” she said, “often the intervention of a god was the sole means of bring-

SEE THEATER, PAGE 4

How a Community Came Together NIH’ers Unite to Help Fire Victims

By Belle Waring

NICHHD’s Brenda Hanning was driving down Rockville Pike when she saw the flames.

“They were two stories high,” she said, “and a strong wind was whipping them around. I knew a lot of NIH fellows lived over in that neighborhood, so the next day I looked in the *Post* and saw the story.”

The Dec. 5 piece included names that sounded familiar. “I checked the global [NIH email directory],” said Hanning, who directs NICHHD’s intramural Office of Education. “It was Dr. Das—one of our fellows—and his wife, who’s over at VRC.”

The fire was started by a sport utility vehicle that smashed into a residential building at Rollins Park Apartments and hit a gas meter. NICHHD senior investigator Dr. Biswajit Das heard the crash and ran outside with his wife and 2-year-old son. He pulled the driver out of the vehicle just before it exploded, sparking an

SEE FIRE, PAGE 8



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briefs

It's Not Too Late to Register at FAES

Missed the mail registration deadline? You can still register for spring courses at the FAES Graduate School. Late in-person registration is available until Feb. 16 (8:30 a.m. to 4 p.m.) with a \$10 late fee.

In addition to language courses, FAES offers courses in elementary calculus (this course may satisfy the minimum requirement of medical and dental schools), intermediate epidemiology, general chemistry, biotechnology business leadership and management strategies, marketing strategies for scientific organizations, technology transfer and courses of general interest. The school also offers a review course in medical genetics for the American Board of Medical Genetics subspecialty examinations.

FAES classes meet once a week for 16 weeks in the spring and 14 weeks in the fall. Classes for the spring semester begin the week of Jan. 22 and will end May 11. For more information, visit www.faes.org or call (301) 496-7976.

Four NIH'ers Earn International Training Slots

Four NIH employees have successfully competed for slots in a CDC public health training program that sends talented workers to Third World countries for experience. They are: Nandita Chopra, a health specialist in the Division of AIDS, NIAID; Luke Daniel, a human resources specialist with the Office of Human Resources, OD; Wendy McLaughlin, a program analyst in the Applied Research Program, Division of Cancer Control and Population Sciences, NCI; and Dr. Makeda Williams, a program analyst in NCI's Office of International Affairs.

The International Experience and Technical Assistance (IETA) Program is coordinated by the Centers for Disease Control and Prevention. It was established in 1997 to increase the number of CDC staff with international training and experience. IETA has grown and recently recruited 25 participants for the ninth training cohort.

During the 12-month program, IETA participants complete three workshops in Atlanta and a supervised international assignment of approximately 3 to 4 months in a less-developed country. Twenty trainees come from CDC and five slots are open for competition among workers at other PHS agencies, including NIH.

IETA currently has 120 total participants serving 10 programs in 29 countries, ranging from Argentina and Bangladesh to Zambia and Zimbabwe.

Leffall To Speak at King Commemoration, Jan. 18

The annual NIH program commemorating the life of Dr. Martin Luther King Jr., "Fulfilling the Promise, Living the Dream," will be held on Thursday, Jan. 18 from noon to 1 p.m. in Masur Auditorium, Bldg. 10. The keynote speaker is Dr. LaSalle Leffall of Howard University Hospital. For more information, call Kay Johnson Graham at (301) 451-0859. Individuals with disabilities who need reasonable accommodation should call Carlton Coleman at (301) 496-2906.



APAO Holds Awards Ceremony

The NIH Asian and Pacific Islander American Organization held its annual awards ceremony on Dec. 12 in Wilson Hall. Dr. Raynard Kington (r), NIH deputy director, presented the award for scientific achievement to Dr. Keiko Ozato (c) of NICHD. Dr. Michael Gottesman, NIH deputy director for intramural research, received the award for excellence in management. The ceremony was followed by installation of new officers of APAO for 2007. They include Prahlad Mathur (above, l) president; Ihsia Hu, vice president; Norma DeGuzman, co-executive secretary; Dr. Dan Xi, secretary; and Donna Wells, treasurer.

nih record



Twery Named Sleep Center Director

Dr. Michael Twery has been named director of the National Center on Sleep Disorders Research, which is administered by the National Heart, Lung, and Blood Institute.

He has been acting NCSDR director since January 2006 and served in that capacity in 2001. Twery replaces Dr. Carl Hunt, who now serves as special assistant to the NHLBI director.

Over the past 10 years, Twery has been a member of the trans-NIH sleep research coordinating committee and has worked closely with NCSDR and the sleep disorders research advisory board to develop and administer initiatives for sleep medicine research and education, including the Sleep Academic Award program, the NIH curriculum supplement for high schools on sleep, sleep disorders and biological rhythms and the Garfield Star Sleeper education campaign. He also leads the sleep and respiratory neurobiology scientific research group in the NHLBI Division of Lung Diseases, providing oversight of initiatives to study the linkage between sleep disorders and short sleep duration with cardiovascular disease risk factors such as the metabolic syndrome, diabetes and obesity.

"Michael is a talented scientist and excellent administrator who is deeply committed to advancing sleep medicine and to ensuring that scientific advances in understanding the role of sleep in health, performance and disease will help inform researchers in a wide array of related areas such as cardiovascular disease, obesity and other important areas affecting public health and safety," said NHLBI director Dr. Elizabeth Nabel.

Twery joined NHLBI in 1996 as a health scientist administrator overseeing grants on sleep-disordered breathing, sleep regulation and restorative functions of sleep. He first came to NIH in 1989 as a senior staff fellow at the National Institute of Neurological Disorders and Stroke. Previously, he was a member of the research faculty at the University of Texas Medical Branch. His research interests have included neurophysiology, neuropharmacology and endocrinology. He is the author or coauthor of 22 peer-reviewed journal articles and 36 scientific abstracts and he has coauthored 3 book chapters. Twery earned his Ph.D. in pharmacology at the University of North Carolina, Chapel Hill.—Susan Dambrauskas



Among those meeting to discuss space-related health research projects are (from l) Dr. Henry Rodriguez, director, Clinical Proteomic Technologies Initiative for Cancer, NCI; Mark Urhan, assistant associate administrator of the International Space Station, NASA; NIH director Dr. Elias Zerhouni; NIAMS director Dr. Stephen Katz; Dr. David Longnecker, chair of the committee on aerospace medicine and medicine for extreme environments, Institute of Medicine; and Dr. Harrison Schmitt, chair of the NASA advisory council, former U.S. senator and astronaut.

NIH, NASA Leaders Discuss Space-Related Health Research

Members of the National Aeronautics and Space Administration advisory council recently met with leaders from NIH, the National Institute of Standards and Technology, the National Science Foundation, the Department of Agriculture, the Food and Drug Administration and the research community to explore ways federal agencies can facilitate space-related health research projects through the International Space Station and through other Earth-based resources such as the NASA/NIH Center for Three-Dimensional Tissue Culture.

CFC 'Executive Hoops' Event a Slam Dunk

A 2-foot chocolate fountain, 13 charities, one "Divas and Dudes" cheering squad, several food vendors and a basketball free-throw competition were all part of the CFC "Executive Hoops" event recently at the Neuroscience Center Building on Executive Blvd.

About 400 people took part in the festivities that featured a free-throw contest in which NIDCR director Dr. Lawrence Tabak and about 10 other NIH'ers stepped up to the line to give it their best shot. CIT's Delwyn Garnett won the contest and was awarded a basketball signed by University of Maryland men's basketball head coach Gary Williams and an iPod for his center that will be given to a deserving key-worker or contributor.



Top:

NIDCR director Dr. Lawrence Tabak shoots at the free-throw line. His institute is the lead of this year's CFC effort.

Bottom:

Delwyn Garnett of CIT won the free-throw contest, earning a basketball signed by University of Maryland men's basketball head coach Gary Williams.



THEATER

CONTINUED FROM PAGE 1



Above:
Machaon was a physician described as compassionate in Sophocles' play, Philoctetes.

IMAGE COURTESY NATIONAL LIBRARY OF MEDICINE

Right:
Dr. Angela Belli made the case for physicians learning from their fictional counterparts in theater.

PHOTO: ERNIE BRANSON

ing about healing, at least on the stage. For Philoctetes the healing process begins with the power of love and compassion.”

It was centuries later, Belli noted, in a non-fiction document—the first Code of Medical Ethics—that Thomas Percival advised his fellow physicians to “unite tenderness with steadiness.”

In the code, the writer contrasts “coldness of heart—often a consequence of emotional detachment in practitioners—with the tender charity that the moral practice of medicine requires.” What Percival is arguing for, Belli said, “is clinical empathy, the skill that enables physicians to understand what patients are actually experiencing and to unite them both in trust and respect.”

Seven works of Shakespeare—in which eight health practitioners are portrayed—set high standards for in-depth insight into what patients want in their caregivers, she said, as well as what caregivers should strive to be in the complex role of healer. Unique perceptions in his plays, Belli observed, could reflect the fact that many of the medical characters in the Bard’s work were said to be based on the lives of real people. In addition, his son-in-law was a physician who probably influenced medical aspects of the work. Indeed, Shakespeare’s knowledge of maladies provided realism and authenticity to his plays.

Belli said human kindness can be a balm for suffering when science falls short—at least according to many playwrights. “In the absence of scientific data to effect a medical cure, the skill of compassion is particularly beneficial. The therapeutic value of touch” as well as insight into the emotions and mentality of people who are ill—centuries later studied as psychotherapy—can be traced to historical stage dramas, she continued.

“Shakespeare created practitioners who met the challenges of a medical system in which diagnosis was often inaccurate and prognosis problematic,” she said. “His doctor figures—particularly those who succeeded in producing some measure of well-being—are often credited with possessing secret potions or mysterious drugs. In fact, their secret is those curatives which even now current practitioners are in the process of discovering—compassion, empathy, love. Our current culture benefits from unprecedented scientific progress that has prolonged life and reduced suffering.



Nevertheless patients often feel their health care is lacking an important element. They experience practitioners as not [being] carefully attentive to them as persons, [but treating them] merely as objects that happen to harbor a disease. Such physicians fail to exhibit the quality with which Shakespeare endows his physicians.” Many modern physicians, she suggested, lack “medicine for the soul.”

Noting “a vital need to practice such medicine,” she said the medical community has in recent years begun exploring the increased effectiveness of *care* in health care. Belli cited a number of contemporary dramatists who are taking up where Sophocles and recognized-master Shakespeare left off: Current playwrights are “using their craft to examine these issues from the perspective of the humanist.”

She offered several examples of 20th century works in which medical personnel try—with varying degrees of success—to balance compassion with clinical skill: Edward Albee’s 1959 *The Sandbox* looks at how a family deals with the health and aging issues of an elderly relative; William Hoffman’s *As Is*, in 1985 one of the earliest plays to tackle the subject of AIDS, highlights the ways some in the medical community coped with patients; Cheryl West’s 1993 *Before It Hits Home* explores the same disease from a different perspective—a black male patient being treated by a white Jewish female physician; and Margaret Edson’s 1999 Pulitzer Prize-winning *Wit* contrasts the cold clinical insensitivity of a research fellow with the warmth of a nurse who “nourishes and sustains” a difficult patient contending with terminal illness.

“In our age,” Belli said, “the stage illusion has been shaped by two intersecting currents, one scientific and one artistic.” As technology advanced the use of diagnostic instruments and other devices in medicine, she explained, scientists began to explore psychological motivation and other mental aspects of healing.

Between Shakespeare's era and current times, Belli pointed out, such "naturalists" as Emile Zola "brought the scientific view into the theater," maintaining that "drama could explore social realities." Seminal playwrights such as August Strindberg, Anton Chekhov and Luigi Pirandello, she said, further showed how "scientific observation could shape drama."

Reviewing the dramas discussed, Belli concluded, "it's clear that a social dynamic informs the work. Certainly contemporary creations are defined by a culture that varies notably from those of Shakespeare and Sophocles—particularly in the area of health care. [Still] they reflect images that audiences may locate on ancient Greek and Elizabethan stages. The question of influence must remain speculative. [Perhaps] Sophocles and Shakespeare arrived at similar conclusions based on their profound understanding of human nature.

"What is beyond doubt is that [both] were insightful to the point of creating healers who could offer some direction to practitioners in our time," she said. "Classical texts on medical ethics occupy a place on the desks of medical students. I would recommend the addition of some good plays to complete the list of required reading." 🎭



Hirschfeld Appointed NICHD Associate Director

Dr. Steven Hirschfeld has been appointed NICHD associate director for clinical research. He will oversee the institute's portfolio of clinical research, coordinate research policy and provide guidance on human subject

protection, regulatory matters, the design of clinical trials and informatics. He is an officer in the Public Health Service and received his M.D. from Columbia University College of Physicians and Surgeons and his Ph.D. in cell biology from New York University. Upon completion of his pediatric training at the University of California, San Francisco, Hirschfeld was a medical staff fellow in the Laboratory of Developmental and Molecular Immunity. In his most recent position before returning to NICHD, he was a medical officer in the Center for Biologics Evaluation and Research at the Food and Drug Administration.

NIAMS at 20

NIAMS Relies on Administrative Support

By Dr. Stephen Katz, NIAMS director

Standing solidly behind the many scientific discoveries our grantees and intramural researchers make is a corps of individuals who make it all possible—our administrative support staff. Without their dedication, the process of science would slow to a crawl. Through their efforts and expertise, NIAMS scientists and other staff are empowered to:

- Attend and host meetings and conferences;
- Present and publicize scientific successes;
- Obtain personnel, equipment and supplies;
- Understand regulations and how to apply them;
- Oversee their budgets.

Our administrative support staff is constantly looking for ways to improve efficiency, searching for new products to bring about improvements and accessing the training needed to upgrade present skills and acquire new ones. They are truly the "backbone" of our institute.

"My colleagues and I are very pleased to provide administrative support and partake in the mission of the NIH and NIAMS."

**—Tondalayo Royster,
extramural program
administrative officer**





GATEWAY CENTER

CONTINUED FROM PAGE 1

Above:

A view from Rockville Pike shows construction of the new two-level Visitor Center, one of three components of the Gateway project.

Below:

Once finished, the lower level of the Visitor Center will have exits at the bus platform and a waiting area.

ter construction. He explained that the project took seed in 2003, when NIH determined that a “more formal, permanent” station would help visitors get oriented to the large campus. A study was conducted and the area near the Metro station was deemed the most appropriate locale.

The heart of the complex will be a new, two-level, 12,325-square-foot Visitor Center (Bldg. 66) that will have its own “welcoming” staff, Saleh said, as well as plasma TV screens and other features to provide a friendly, hospitable environment. Pedestrians will enter the large lobby through a terrace on the upper level, while the lower level will have exits at the shuttle-bus platform and a waiting area. “NIH is paying lots of attention to making it a warm and accepting area for the visitors,” to give them a good first impression of the campus, Saleh said.

But the Visitor Center is just one of three primary components of the project. Also in the works are a Visitor Vehicle Inspection station (Bldg. 66A) and an underground parking facility (multi-level parking garage 11) with 350 spaces for vehicles and a “green” roof—both in color and environmental friendliness. “It’s a new concept [used] in order to reduce the permeable areas” in the roof, Saleh explained. “Therefore there’s a beautification aspect to it that also reduces the amount of runoff...with a leak-proof roof that can actually grow plants. That’s essentially what’s going to happen. So it’s going to look like a lawn; it just has a parking garage under it.”

In addition, a new roadway off of southbound Rockville Pike will be available for visitor vehicles.

Construction of the project, which began in June

2005 and is scheduled to be completed in August of this year, has faced a few challenges, Saleh said. The primary issue was the worksite’s close proximity to the Washington Metropolitan Area Transit Authority (WMATA) station. “The excavation of the new underground parking structure—including rock removal—took place about 10 feet away from the WMATA’s existing structure,” he explained. Builders were prohibited from using any explosive devices due to this nearness. “So we played it very carefully and we made sure to really coordinate our efforts with WMATA management.”

Another consideration was the nearby East Child Care Center (Bldg. 64). Because of it, special barriers were made to block in the work being done. At the same time, a Plexiglas viewing area was made so kids could safely peek through to see the construction. “It’s an educational, fun thing,” Saleh said.

The project also required permission from the Federal Aviation Administration to use a 130-foot-tall crane so close to the Navy hospital, because of its helicopter landing pad. “But we went through all that and got the permits—and we’re past that now,” Saleh said.

So far, the project has stayed within the scope of estimated costs and schedule, Saleh said, which is his primary goal. He believes the Gateway will reduce confusion about getting on campus for guests and employees alike. “Right now the crowd comes in, the employees and visitors are mixed and it becomes cumbersome and takes too long,” Saleh said. “It’s a great idea to have a separate entrance for the visitors...and to have a clear way of welcoming people, making them comfortable and giving them sufficient information.”



New Fire Alarm System Leads Campus Security Upgrades

By Jan Ehrman

Fire protection staff, the Office of Research Facilities and myriad contractors are currently implementing a state-of-the-art fire alarm reporting and emergency notification project on the Bethesda campus.

The new system—which should be completed in the more than 60 campus buildings in about 3 years—will enable NIH firefighters to respond more quickly to emergency calls than is possible with the current system. Further, high-tech plans for an emergency evacuation system will be carried out, allowing employees quick and audible notification to either remain in a building—or to evacuate—if there is a chemical release, bomb scare or other potential threat to campus.

The idea for the project—which involves meticulously digging holes and “hard-wiring” (laying underground cables) each NIH building, then testing the system for efficacy—was hatched in the mid 1980s. But owing to financial considerations, it began only a few years ago, according to J.P. McCabe, NIH fire marshal and fire protection engineer. Along with Deputy Fire Marshal Sam Denny, Fire Chief Gary Hess and Ben Buck, project officer for ORF, the group is overseeing the endeavor, which is funded through the Fire Protection and Life Safety Building and Facility Program.

Currently, if a fire breaks out on campus, employees can use one of two ways to notify the fire department: either by making a phone call or by using the red pull stations located by each stairwell—like the fire alarms you may recall seeing in school.

The problem is “these devices send out old, antiquated information,” said Buck. “Plus, we can’t get replacement parts for the old fire alarms anymore. You have to remember, some of these buildings at NIH and the alarms have been up and running since the 1950s. We can’t fully rely on them.”

Once the new alarms are installed, they will send a signal directly back to the NIH Fire Department in Bldg. 51 as well as to the Emergency Communications Center in Bldg. 31B. At both sites, lights will appear on a large map of campus, indicating which building is affected. The new system is designed to meet national fire codes.

With 9/11 serving as a catalyst, emergency evacuation plans call for loudspeakers to be installed both inside and outside of each NIH



building, so both occupants and passersby can be advised what action to take (e.g., remain in the building, avoid entering the building) should an emergency arise.

Meanwhile, the NIH fire protection upgrades have been made in Bldgs. 30, 29 and 29A, while about 80 percent of the work has been completed in Bldg. 1.

The overall plan is to maintain the current fire alarm system while installation of new infrastructure is ongoing and then decommission the old alarms once the new system is in service.

According to McCabe, a similar fire and evacuation system is currently in place at the National Institute of Standards and Technology in Gaithersburg. 1

Emergency notification speakers (shown here on Bldg. 29, in closeup and in perspective) are just one component of the project to upgrade the campus fire alarm reporting system and all building internal fire alarm systems. Speakers will be installed inside and outside buildings to provide instructions on when to initiate evacuation or when there is a need to “shelter in place.” The NIH Emergency Communications Center located in Bldg. 31 will be able to notify and provide emergency instructions to a portion of a building, an entire building or even multiple buildings all at one time depending on the nature of the emergency.

PHOTOS: BELLE WARING

FIRE

CONTINUED FROM PAGE 1

inferno that spread rapidly through the apartment complex. Flying debris seriously injured his wife, VRC/NIAID's Dr. Dolanchanpa Ghosh-Das, who is 8 months pregnant. More than 125 firefighters responded to the blaze, which destroyed 6 apartment units and displaced seven families.

And of these, Hanning discovered, three were NIH families, including Dr. Shoichi Takikita of NIAMS, whose wife, NCI's Dr. Mikiko Takikita, was in Japan with their two children at the time; Dr. Byung-Cheol Song of NIDDK and his family.

When colleagues at NIH learned about the tragedy, their reaction was swift.

After checking with her ethics officer for guidance on emergency fundraising, Hanning got on the horn to R&W President Randy Schools. He agreed

that they needed to help—and pronto. Hanning then wrote a proposal that Schools ran through channels.

"It happened quickly," said Schools, "within a couple of days."

"I was impressed with how quickly everyone responded," said Hanning. "Randy acted fast and so did Bldg. 1."

Once they had permission, they set up an account and R&W fired off an email to NIH employees. This yielded "a wonderful outpouring of support," said Schools, who coordinated the effort. "People not only gave cash"—totaling \$8,000—"they gave clothing, linens, toys and gift certificates so these families could rebuild their lives."

The R&W motto, "Connecting People, Changing Lives," was deployed overnight.

Every bit helped—two teenagers donated their allowance; one individual gave \$500. About 120 folks in all contributed, including Farm-land Elementary School, which took up a collection among pupils' parents; Blacks in Government; and the NIH international women's group. People offered immediate shelter in their own homes as well as longer-term options that included a break on the rent.

Along with R&W staffers David Browne and Kathy Carpenter, Schools then sat down and wrote thank-you notes—by hand—to all who contributed.

"The idea of losing everything hits people in a very powerful way," said Hanning. "This brought out the best in NIH."

When her phone call came, Schools said, he was just finishing up a strenuous CFC season with its many events, some hosting up to 400 people—"like doing a wedding once a week," he said. Yet he welcomed the call to help fellow NIH'ers and was delighted with the response: "It's neat to know that your fellow employees, without even knowing you, step right forth to help," he said.

The families are now being resettled; some are staying with local relatives.

"I think our mission is accomplished," Schools said. 🙏

A Note from a Grateful Family

"We lost everything that we left in our house—it was completely destroyed by the fire—but we were very lucky that no one in our family was injured. Many people were concerned about us and gave us everything that we need to rebuild our lives. We received support from many Japanese scientists at NIH and many other people through NIH's Recreation and Welfare Association. This support encouraged us very much and we are all fine now. We want to express our deep gratitude for all the help they have given to us. Thank you very much."—**Shoichi and Mikiko Takikita**

milestones

NIAAA Executive Officer Long Joins University of Maryland Cancer Center

NIAAA Executive Officer Steve Long left the institute recently to take a position as associate director for administration at the University of Maryland Marlene and Stewart Greenebaum Cancer Center in Baltimore. His departure followed 36 years in the federal government, 28 of them at NIAAA.



In addition to having had major responsibility for the financial and administrative management of the institute, Long led collaborative initiatives that helped increase awareness of alcohol problems and fostered the use of research as the basis for prevention and treatment. Within the broader NIH community, he was tapped frequently to contribute his expertise on a variety of management issues.

NIAAA director Dr. Ting-Kai Li said, "Steve's skills as a manager, his familiarity with the workings of government and his knowledge of research administration in general and the alcohol field in particular made him an extraordinary resource to NIAAA. Institute staff relied on his experience and his advice was much sought after in matters that cut across NIH."

Long was named executive officer of NIAAA in 2000. He had been director of NIAAA's Planning and Financial Management Branch from 1981 to 1988, when he left the institute to become director of financial management for the then Alcohol, Drug Abuse and Mental Health Administration. At ADAMHA, he was responsible for managing a \$3 billion budget. In 1992, he returned to NIAAA, serving as director of the Office of Policy, Legislation and Public Liaison before being named executive officer.

While at OPLPL, Long led an initiative to help state alcohol treatment centers adopt current, research-based alcoholism treatments despite federal budget cuts. The effort helped states identify sources of funding, form partnerships and connect alcohol researchers with state clinical directors.

In 1998, Long led an initiative to combat the problems of binge drinking on college campuses. The college drinking prevention initiative brought together 10 college presidents, 20 alcohol researchers and a number of college and high school students; this was the first time representatives from research and education had come together to address this issue. The result was a report titled *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*. It provided a research-based picture of the seriousness of college drinking and a set of evidence-based recommendations to college and university administrators, community leaders, policymakers, parents and students on addressing problems related to drinking on campus. The effort also spawned an award-winning web site on college drinking prevention.

In recognition of his service to the alcohol field, the Research Society on Alcoholism awarded Long the first Seixas Award for Service in 1988. Closer to home, Long has also served the NIH community, most visibly as a member and often chair of trans-NIH committees concerned with such issues as ethics, research services, staff management and the administrative structure of NIH. He took particular pleasure in mentoring numerous interns—from various management intern programs—and he chaired the administrative training committee that oversees NIH's Management Intern Program and NIH's participation in the Presidential Management Fellows Program.

NIH Management Intern/Presidential Management Fellow Program Manager Sharon Ballard—for whom Long was a mentor when she was an NIH intern—said, "Steve had an open-door policy with interns. He offered guidance as I sought developmental experiences, insight as I navigated the administrative sphere of NIH, counsel when I struggled with challenges, support as I considered career options and doses of humor when I really needed it. Not only did he help me find answers, he guided me in identifying the right questions."

For contributions to the training of future NIH managers, Long received the NIH Director's Award for mentoring. 🍎

CIT Computer Classes

All courses are given without charge. For more information call (301) 594-6248 or consult the training program's home page at <http://training.cit.nih.gov>.

Syndromic Surveillance Using SPSS	1/22
ScienceSlides – How To Improve Your Scientific Presentation	1/22
NIH Data Warehouse Query: Human Resources	1/23
Database Design Basics	1/23
Hands-On MatchMiner and GoMiner	1/23
VirusScan 8.5 – What's New	1/23
NIH Data Warehouse Analyze: Human Resources	1/24
Orientation to Basic SAS Concepts	1/24
Transitioning from GCG to EMOSS on the Helix Systems	1/24
Disaster Recovery	1/24
Running MATLAB Scripts in Octave	1/24
eRA Workshop - Applying for NIH Grants Electronically	1/25
Requesting Effective Telecommunications	1/25
NIH Data Warehouse Query: Budget & Finance	1/26
Database Design – Modeling and Normalization	1/30
Statistical Analysis of Microarray Data	1/30-31

NIH Training Center Classes

The Training Center supports the development of NIH human resources through consultation and provides training, career development programs and other services designed to enhance organizational performance. For more information call (301) 496-6211 or visit <http://LearningSource.od.nih.gov>.

Giving and Receiving Performance Feedback	1/16
Financial Controls and Proper Payments Refresher	1/17
Property Management Principles Refresher	1/17
NBS Transition: Simplified Acquisition Review	1/18
Giving and Receiving Performance Feedback	1/29, 31
Professional Service Orders	2/6
Human Capital Group Supervisory Skills Training	2/6

Clinical Center Goes Smoke-Free

Consider it a collective New Year's resolution—a smoke-free Clinical Center.

"Our patients, staff and visitors want and deserve this," said Dr. John Gallin, CC director, in announcing an initiative to eliminate smoking in and around Bldg. 10. "The work conducted here is dedicated to improving the health of the nation, but I receive numerous complaints from individuals exposed to second-hand smoke, especially at hospital entrances. This is a problem we can fix together."

Smoking is not permitted inside any NIH building. At the Clinical Center, it's also prohibited within 100 feet of any entrance and anywhere between the north entrance of the Hatfield Center and Center Drive, including the stairways to the Children's Inn.

Getting the word out to staff, visitors and patients about the effort and the rules is step one in meeting the smoke-free goal. About 100 new signs have been installed to ensure that no-smoking areas are clearly identified. Red house-shaped posters have been placed throughout the CC as reminders. A security guard hired by the Clinical Center will monitor the outside no-smoking areas and—when appropriate—offer information about smoking cessation. The NIH police will monitor inside areas, including underground garages and stairwells.

The medical executive committee approved revisions to the hospital's policy concerning smoking last November. It addresses outside locations where smoking is not permitted and a Joint Commission on Accreditation of Healthcare Organizations standard that requires establishment of a controlled, restricted smoking area for patient use in certain circumstances.

For more on the CC smoke-free campaign and resources for smokers who want to quit, visit <http://ccsmokefree.cc.nih.gov>.



Metabolic Study for African Americans

Healthy volunteers are needed for a study that is investigating the relationship of obesity to resting energy expenditure (REE) and fatty acid flux in healthy African Americans, ages 18 to 49 years. The study involves a 2-week period (excluding weekends) of outpatient visits to the Clinical Center for breakfast, weight measurement and to pick up meals. All meals will be provided during the study. Participation involves blood draws and metabolic testing. The last 2 days will require a 2-night inpatient stay. Compensation is provided. Call (301) 402-7119 for information. Refer to protocol 04-DK-0061.

Are You Nearing the Perimenopause?

The Behavioral Endocrinology Branch, NIMH, seeks healthy female volunteers ages 40-50 to participate in longitudinal studies of the perimenopause. Volunteers must have regular menstrual cycles and be medication-free. Periodic hormonal evaluations, symptom ratings and occasional interviews will be performed. Participants will be paid. Call Linda Simpson-St. Clair, (301) 496-9576 (TTY 1-866-411-1010).

Tongue Study Needs Volunteers

Individuals with tongue weakness or tongue movement coordination problems are needed for NIH research study. For more information call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 01-CC-0044.

Study of Ankylosing Spondylitis

Do you have ankylosing spondylitis? Consider volunteering for an NIH research study. Compensation is provided. For information call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 03-AR-0130.

Anthrax Vaccine Study

Anthrax vaccine study (04-CH-0283) seeks healthy volunteers ages 18-30. For more information call 1-866-444-2214 (TTY 1-866-411-1010). Compensation is provided.

Adults with Rheumatoid Arthritis

Adults 18+ with rheumatoid arthritis are asked to consider participating in an NIH study. Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 03-AR-0133.

Kidney Transplant Studies

Do you have kidney failure and need a kidney transplant? NIH has kidney transplant studies designed to reduce need for anti-rejection drugs. Call 1-866-444-2214 (TTY 1-866-411-1010).

Allergy Clinic for Children

NIH Pediatric Clinic offers allergy and asthma care (ages 6 months to 18 years) and is recruiting for an allergy and asthma study. Call 1-866-444-2214 (TTY 1-866-411-1010).

Sleep and Obesity Study

Sleep and weight study for obese adults ages 22 to 50 who sleep less than 6 hours at night. Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010).

NINR's Cotton Honored by APHA



Dr. Paul A. Cotton of the National Institute of Nursing Research is this year's recipient of the Catherine Cowell Award for "excellence and achievement in

administration, planning, mentoring and team building in public health nutrition, including meeting the special needs of urban populations and young children." He accepted the award at the 134th annual meeting of the American Public Health Association in Boston on Nov. 5. APHA's food and nutrition section sponsors the award.

Cotton, program director for the Health Behavior and Minority Health Division of Extramural Activities at NINR, has a distinguished record of service in public health nutrition. At NINR, his areas of science include research in health behavior and minority health, health disparities, women's health, men's health and health and risk behaviors research. He has been a member of APHA since 2000 and has served in a leadership capacity in the food and nutrition section since 2001. He is a member of APHA's executive board, continuing professional education committee and has been chair of the section's web site committee for the past 4 years. He has served on the food and nutritional sciences advisory committee at Howard University since 1999. He also chaired the diversity committee of the American Dietetic Association in 2004-2005.

Cotton served as director of food programs for a nonprofit organization in Washington D.C., where he spearheaded the award-winning and innovative program MORE (Mothers Organizing Resources for Empowerment). MORE sought educational and job-training opportunities for participants. Cotton continues to serve as a mentor, role model and confidant to students in nutrition and allied health sciences as an executive board member of the National Organization of Blacks in Dietetics and Nutrition.

"Dr. Cotton's work is important in stimulating the professional development of minority students and facilitating research on improving the nutritional status of children," said NINR director Dr. Patricia Grady.



Accepting the Customer Satisfaction Achievement Award were members of the NIH leadership team that implemented the ACSI at NIH. Shown are (from l) Cindy Love, NLM; Ron Oberbillig, Treasury Department federal consulting group (FCG); Dr. Fred Wood, NLM; Mark Malamud, NHLBI; Dr. Elliot Siegel, NLM; Sue Feldman, NCI; Karen Evans, Office of Management and Budget; Ann Kelly, FCG director. Not pictured are Dennis Rodrigues, OD; and Marie Lagana, CIT.

NIH Web Sites Win Customer Satisfaction

The first annual Customer Satisfaction Achievement Award was presented to NIH recently by the Treasury Department's federal consulting group. The award recognizes NIH "for innovative, cross-agency use of the American Customer Satisfaction Index to achieve web site excellence and consistently improve customer satisfaction." The ACSI is both a standardized and customizable subscription survey produced by the University of Michigan and offered by ForeSee Results, Inc. OMB selected the ACSI to measure satisfaction with federal services and programs.


Electronic health information resources are becoming the preferred means by which NIH disseminates research results and communicates with scientists, educators, health professionals, patients and the public worldwide. Customer feedback is essential if we are to know how well we are doing and if we are making a difference. Over a 2-year period, an NIH leadership team planned and carried out an enterprise-wide implementation and evaluation of the online customer satisfaction survey, with 60 web sites hosted by virtually every institute, center and OD office. Funding was provided by the NIH Evaluation Set-Aside Program.

NIH web sites did exceedingly well overall in national comparisons and performance benchmarking, besting the average score for all government web sites and consistently equaling or exceeding the highest scores recorded by branded commercial web sites.

"It was a challenging project yet gratifying in many ways," said Dennis Rodrigues, chief of the Online Information Branch, Office of Communications and Public Liaison, OD. "In particular, it was a great example of collaboration across institute lines. By approaching this in an enterprise fashion, we were able to offer a powerful evaluation tool to many NIH web teams that did not have the time or resources to do so on their

own. We captured an enormous amount of useful data that will help in future improvements to NIH web sites."

An evaluation directed by employee and contract experts found that use of the ACSI improved understanding of user demographics and user needs, characterized the ways in which NIH information is used and supported web site redesign efforts. The opportunity for sharing experiences as part of this trans-NIH collaboration had the added benefit of increasing NIH staff skills in web site evaluation, survey research methodology and performance benchmarking.

A copy of the evaluation report is posted at <http://www.nih.gov/icd/od/ocpl/resources/wag/repository.htm>. 



First place in the CC gingerbread house-decorating contest went to patient care unit 5NW. Representing the team at the announcement were (from l) Subramania Varadarajan, Diana Chepurko, Noreen Giganti, Joyce Linderman, Yumi Lee, Catherine Seamon and Lisa Twedt. Not shown is gingerbread house designer Philip Bernaldez.

CC Staff Competes for Best Gingerbread House

The annual gingerbread house-decorating contest generated a lot of attention and excitement in the Clinical Center last month.

Twenty-eight houses created by CC staff representing a dozen different departments were entered. The houses were displayed in the atrium for 1 week so that anyone in the CC could vote for their favorite.

Nursing and Patient Care Services started the contest 3 years ago, with the entries growing in both number and detail.

"I had people coming up to me in the summer and telling me they're already planning their gingerbread house," said Ann Marie Matlock, nurse manager on 5SE and chair of the gingerbread house committee.

The contest reflected the collaboration and creativity of people in the CC. Contestants had only a few rules to follow: they had to use the gingerbread house in the kit that was provided; the display could not be any larger than a 2-foot-by-2-foot platform; and no electricity could be used, but batteries were allowed.

More than 1,900 ballots were cast. The staff of the patient care unit 5NW won first place; the department of laboratory medicine's chemistry section took second place; and third place went to the 1NW inpatient unit for an entry created by both staff and patients.

After the contest, the houses were donated to the Safra Family Lodge and the Children's Inn.—Shana Potash 